

Case Number:	CM15-0192302		
Date Assigned:	10/06/2015	Date of Injury:	03/19/2014
Decision Date:	11/12/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old male, who sustained an industrial injury on 3-19-2014. Medical records indicate the worker is undergoing treatment for rotator cuff sprain-strain, shoulder adhesive capsulitis and status post left shoulder arthroscopy on 4-7-2015. A recent progress report dated 9-14-2015, reported the injured worker complained of left shoulder pain, especially with overhead activities. Physical examination revealed shoulder range of motion with within normal limits but was painful at the endpoints. Treatment to date has included surgery, steroid injections, 24 post-operative physical therapy visits, home exercise program, TENS (transcutaneous electrical nerve stimulation) unit and medication management. The physician is requesting physical therapy 2xweek X 6 weeks to the Left Shoulder #12. On 9-22-2015, the Utilization Review non-certified the request for physical therapy 2xweek X 6 weeks to the Left Shoulder #12.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy 2xweek X 6 weeks Left Shoulder #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s):
Shoulder.

Decision rationale: Review indicates the patient is s/p left shoulder arthroscopy on 4-7-2015. The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has received at least 24 authorized PT visits for the arthroscopic repair over 7 months ago without demonstrated evidence of functional improvement to allow for additional therapy treatments. Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 14 weeks for shoulder arthroscopy with postsurgical physical medicine treatment period of 6 months. Submitted reports have not demonstrated any post-operative complications or co-morbidities with ADL limitations to support further physical therapy beyond the guidelines criteria. The physical therapy 2xweek X 6 weeks Left Shoulder #12 is not medically necessary and appropriate.